FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076 Est. time per response: 1 hour

COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

SECTION 1 - General Information	on															
1. Name and Mailing Address of	Respondent															
Wabash Telephone Cooperative, Inc. PO Box 299 Louisville, IL 62858													Check here if this is a change of address.			
Year Report Filed 2019	Period (End overed by Re h 9, 201		зу		Reporting	of Full-Time Englished (checked) were than 16 (come or more (come										
SECTION II - Full-Time Employe	es.		7													
Job Categories		Number of Employees (Report employees in only one category)														
								Race/Ethnicity								
		panic or atino					Not-Hispanic or Latino									
					Ma	le					Fem		Columns A - N			
	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races		
	А	В	С	D	E	F	G	н	1	J	к	L	М	N	0	
Executive/Senior Level Officials and Managers	1		2												2	
First/Mid-Level Officials and Managers 1.	2		5						2						7	
Professionals	2		2						2		8-11				4	
Technicians	3		4					M P	8						4	
Sales Workers	4								3						3	
Administrative Support Workers	5		1						2						3	
Craft Workers	6		9												9	
Operatives	7		3												3	
Laborers and Helpers	8		2		v I										2	
Service Workers	9														0	
TOTAL 1	0 0	0	28	0	0	0	0	0	9	0	0	0	0	0	37	
PREVIOUS YEAR TOTAL 1	1		30			-			11						41	

Job Categories		Number of Employees (Report employees in only one category)															
									Race/Ethnicity								
		Hispanic or Latino			Not-Hispanic or Latino												
				Male									Female				
		Male	Female B	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian L	American Indian or Alaska Native	Two or more races	A-N	
																	Executive/Senior Level Officials and Managers
First/Mid-Level Officials and Managers	1.2															0	
Professionals	2														7.1	0	
Technicians	3															0	
Sales Workers	4															0	
Administrative Support Workers	5									3						3	
Craft Workers	6															0	
Operatives	7															0	
Laborers and Helpers	8			1			4									1	
Service Workers	9		,								1					0	
TOTAL	10	0	0	1	0	0	0	0	0	3	0	0	0	0	0	4	
PREVIOUS YEAR TOTAL	11			1						1						2	
SECTION IV - Report of Disc	rimin	ation Comp	laints Pursua	nt to 47 CF	R 22.321, 23.5	55, 90.168, 101	1.4, and 101	.311.						-			
This is to advise company before a This is to advise to (Attach a list indice	any bo	dy having commission the	ompetent juris at the followin	diction in su g complaints	ch matters du	ring the calendations of the pro	ar year cove	red by this rep ny equal empl	ort. oyment opport	unity statute	have been fil	ed against this	s company.				
SECTION V - Certification	knowle	edge inform	ation and heli	ef all statem	nents in this re	nort are true a	nd correct										
Date		wledge, information, and belief, all statements in this report are true and correct. It ded or Printed Name of Person Signing Signature A A I Telephone No.											-				
5-7-19		rry Ada		- Cigimig		Tony Claron							(618) 665-3311				
Title of Person Signing Executive VP/General Manager					WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).												